



State University of New York
Upstate Medical University

Passage Point - Visitor Appointment Scheduling
Account Request Form

THE FOLLOWING REQUEST REQUIRES THE SIGNATURE OF DEPARTMENT CHAIR, DIRECTOR, OR MANAGER.
PLEASE MAKE SURE THE FORM IS SIGNED IN THE DESIGNATED AREA BELOW.

Username _____
LAST NAME FIRST NAME MIDDLE INITIAL

Upstate ID# _____

Email Address _____

Title _____

Department _____

Building/Room _____

Telephone Ext. _____

Authorized Signature of Supervisor/Administrator/Dept. Chair/NAD

Dept. Head Name (print) _____

Title _____

Telephone Ext. _____

Signature _____

Upstate ID# _____

Date Signed _____

Employee is authorized to schedule for the following staff members (please list):

**COMPLETED FORM MUST BE FAXED TO 464-4140
ATTN: MAUREEN KENDALL, QUESTIONS? CALL EXT. 4134**